

WISCONSIN REPORTING FOR ADULT PROTECTIVE SERVICES (WRAPS) ACCESS REQUEST

Completion of this form is required to modify user access in the WRAPS system.

Instructions

1. WRAPS Users must first have a MyWisconsin ID: <https://apps.wisconsin.gov>. Use this URL to logon to the MyWisconsin ID home page and click on self-registration link to create a new account. Step by step instructions for self-registration for MyWisconsin ID can be found at: https://det.wi.gov/Pages/MyWisconsin_ID_Self_Registration.aspx.
2. Completion of this form is required to add, modify, and remove WRAPS System Users. This form can be completed and signed electronically through Adobe Signature and sent directly to DHS without printing a hard copy, or the form can be completed electronically, printed with manual signatures, and scanned to DHS. DHS will accept both electronic and manual signatures.
 - a. **New User Requests:** Once WRAPS users have a MyWisconsin ID, they must complete and sign this form, have their supervisors review and sign this form, and return the form to DHSAPS@dhs.wisconsin.gov.
 - b. **User Modifications and Removal Requests:** This form should be completed and signed by the supervisor and returned to DHS at DHSAPS@dhs.wisconsin.gov
3. DHS will process the WRAPS access request and will provide verification of request submission via email.

WRAPS Access Requested:

- New System User Access Modify Existing System User Access Remove System User Access

Employee – System User Information

Last Name	First Name	Phone Number
Email Address/User ID From MyWisconsin ID		County(ies) or Tribe(s) You are Reporting
Name of Employing Agency		

User Role(s) Requested:

- Intake Role: This user has limited access to WRAPS system. User role is restricted to entering data on referral information.
- Investigator Role: This user has access to enter data on referrals and investigations, to create a PDF report on an incident, and to view statistical summary reports of the information entered for the county to date.
- Supervisor Role: This user has all the access rights of an investigator and is also able to manage the access of agency staff reporting to them, including deactivating accounts.

Requested Effective Date

New User Agreement and Signature

User of this logon and password provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. The User's signature on this form constitutes acceptance of responsibility for compliance with Wis. Stat. §§ 49.32(10), 49.32(10m), 49.81, 49.83, and 943.70(2), and with DHS policy.

SIGNATURE – Employee	Date Signed
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Supervisor Approval

Name – Supervisor (Last, First)	Supervisor Phone Number
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Supervisor Email Address

SIGNATURE – Supervisor	Date Signed
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